

## STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

## DISCLOSURE REPORT



NONCANDIDATE COMMITTEE PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.") SECTION I-NONCANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Committee Name: (See the Schedule of Reporting Dates to complete this section) Group 70 International, Inc. Preliminary Primary [ ] Amended (b) Mailing Address: 925 Bethel Street, Fifth Floor [ ] Final Primary [ ] Short Form Honolulu, HI 96813 [ ] Preliminary General REPORTING PERIOD (c) Phone (Bus) 523-5866 (Res) [ ] Final Election Period 1/1/06 through 9/8/06 Treasurer's [ ] Supplemental SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section) **COLUMN A COLUMN B ELECTION PERIOD TOTAL THIS PERIOD TOTAL TO DATE** Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee)..... 0.00 Cash on Hand at the Beginning of this Reporting Period..... 0.00 Total Receipts (From Line 11, Column A and B)..... Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)..... Total Disbursements (From Line 14, Column A and B)..... Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).... 0.00 0.00 SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through D Before Completing This Section) RECEIPTS Monetary Contributions of \$100 or Less.... 0.00 0.00 Non-Monetary Contributions of \$100 or Less..... 9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).... 10. Other Receipts (Schedule D, Line 2 for Column A)..... 11. Total Receipts (Add Lines 7 through 10 for Columns A and B)..... 0.00 0.00 DISBURSEMENTS 12. Contributions To Candidates (Schedule B, Line 2 for Column A)..... 0.00 0.00 13. Expenditures (Schedule C, Line 2 for Column A)..... 14. Total Disbursements (Add Lines 12 and 13 for Columns A and B)..... 0.00 0.00 I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

President/Chief Operating Officer

asurer Signature

Date Form NC-3 (Rev. 11/97)